MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

CERTIFICATE OF DEATH

03875

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County A. A.
City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 10 Fleet st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A. A.
City or town Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 10 Fleet st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruby Loretta Adams

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	Colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1939

8. AGE: Years | Months 5 | Days 7 | If less than one day hrs. min.

9. Birthplace Annapolis (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William Frank Hellman

13. Birthplace Washington D. C.

MOTHER 14. Maiden name Marion Louise Adams

15. Birthplace Camp Parole

16. Informant Marion Louise Adams

Address 10 Fleet st.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 7 1940 (month) (day) (year)

Cemetery or crematory Brewer Hill

Location Annapolis Md

18. Funeral director J B Johnson

Address Annapolis

19. 4-5-40 (Date rec'd by registrar) 1940 J. J. Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3 1940, at 11 55 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~and to the cause and manner stated~~

Post. Mortem Examination 1940 Apr. 3 1940

	DURATION
Immediate cause of death	
Convulsions	Sudden
Due to	
Congenital debility	
Due to	
Other conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE John N. Claffey Deputy Medical Examiner
M. D. or other
Address Annapolis, Md. Date signed 4/3/40

RECEIVED
MAY 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (91-a)

CERTIFICATE OF DEATH

03876

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: Anne Arundel.

City or town: Laurel.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dist. Train. School.

Stay in hospital or inst. (yrs., or mos., or days): 12 yrs. 1 mos.

Stay in this community (yrs., or mos., or days): 12 yrs. 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. D.C. County: Anne Arundel

City or town: Laurel. Ward No. Washington
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Dist. Tr. School.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Bernice Bell.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife: No.

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1915

8. AGE: Years	Months	Days	If less than one day
24	5	9.	— hrs. — min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: None.

11. Industry or business: None.

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden name: Virginia —?
15. Birthplace: ?

16. Informant: Husband. Address: Dist. Tr. School

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 19-1940 (month) (day) (year)

Cemetery or crematory: D.T. School Cemetery

Location: Laurel, Md. R.F.D.

18. Funeral director: L.W. Kramer

Address: Laurel Md.

19. Apr 19 1940 (Date rec'd by registrar) Clara M. Hackett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1940, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March. 15 1940, to Apr. 18 1940, and that I last saw h— alive on Apr. 18 1940.

Immediate cause of death	DURATION
Tuberculo Bacterial endocarditis.	2 mos.
Due to (Strep. viridans)	
Due to	
Other conditions: Renal infant.	two mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.
Of autopsy: As above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: James Hurley M.D.
M. D. or other
Address: Dist. Tr. School. Date signed: 4/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03877

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: Anne Arundel.

City or town: Laurel.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: District Dr. Colored

Stay in hospital or inst. (yrs., or mos., or days) 1 mos. 11 dys.

Stay in this community (yrs., or mos., or days) 1 mos. 11 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. D. C. County: Anne Arundel.

City or town: Laurel. Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No ✓

3. (a) FULL NAME John. C. Biggs Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife: None.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug. 13, 1926

8. AGE:

Years	Months	Days	If less than one day
13	7	27	— hrs. — min.

9. Birthplace: ?
(Town, county, and state)

10. Usual occupation: None.

11. Industry or business: None

FATHER
12. Name: John. C. Biggs. Jr.
13. Birthplace: ?

MOTHER
14. Maiden name: Daisy ?
15. Birthplace: ?

16. Informant: Hospital Record.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 11-1940 (month) (day) (year)

Cemetery or crematory: Bells M.E. Church

Location: Camp Springs Md

18. Funeral director: Thomas F Murray

Address: 2007 Nicholson ave S.E. Dash

19. Apr. 9 1940 (Date rec'd by registrar) Clara M. Haskell (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 15 1940, to April 9 1940, and that I last saw h-ing alive on April 9 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis Bilateral	2 wks.
Due to	
Due to	
Other conditions: Acute Bronchitis	4 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.

Of autopsy: Not done.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: James Kirby M.D.
M. D. or other

Address: District Dr. School Date signed 4/9/40
Laurel. Md.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

03878

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Annapolis Md. Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 32 Murray Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Bode

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 24th 1940

8. AGE:

Years	Months	Days	If less than one day
			____ hrs. ____ min.

9. Birthplace: Annapolis Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER — 12. Name: John Edward Bode

13. Birthplace: West Va.

MOTHER — 14. Maiden name: Ruth E. Trate

15. Birthplace: Phila Pa.

16. Informant: Martha A. Trate

Address: 32 Murray Ave. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25-1940 (month) (day) (year)

Cemetery or crematory: Naval Academy

Location: Annapolis Md.

18. Funeral director: Colon M. Taylor

Address: Annapolis Md.

19. 4-25 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940, at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

	DURATION
Immediate cause of death: Atelectasis and Prematurity	3 hrs
Due to (7th Month)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: O. B. Morrison Jr. M.D.
M. D. or other

Address: Annapolis Md. Date signed: 4/25/40

RECEIVED
MAY 4 1940
BUREAU V. S

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

03879

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: East Port
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: East Port Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 215 Chester Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Bowie

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of ~~husband~~ or wife: Eliza Bowie
deceased 6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 1847

8. AGE: Years: 93 Months: 93 Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:

FATHER
12. Name: Henry Bowie
13. Birthplace: Davidsonville Md.

MOTHER
14. Maiden name: Louise Atkins
15. Birthplace: Easternshore Md.

16. Informant: Elizabeth Forester
Address: 215 Chester Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 4 1940 (month) (day) (year)
Cemetery or crematory: Brewhill April 4
Location: on Washington Rd. outside Annapolis
18. Funeral director: Chas. H. Alexander
Address: 43, 45 Northwest St. Annapolis

19. 4-4 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1st 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4th 1939, to April 1st 1940, and that I last saw him alive on April 1st 1940.

Immediate cause of death: Cardiac failure

Due to: Chronic Myocarditis

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 5 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. L. Richardson MD. M. D. or other
Address: 110 - Clay St. Annapolis Md. Date signed: 4/3/40

RECEIVED
MAY 4 1910
U. S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 77(2)

CERTIFICATE OF DEATH

03880

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: (Rural) near Chesterfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chesterfield Road
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: (Rural) near Chesterfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Chesterfield Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dorse W. Butler

3. (b) Social Security Number: 233-18-2295

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Corinne Butler
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: about 41 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Topet West Va (Town, county, and state)
10. Usual occupation: Laborer at Saw mill
11. Industry or business
FATHER
12. Name: Luther Butler
13. Birthplace: West Va.
MOTHER
14. Maiden name: Nancy Hazelwood
15. Birthplace: West Va.
16. Informant: Otis Butler
Address: Washington D. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 16th 1940 (month) (day) (year)
Cemetery or crematory
Location: Pitley Mercer Co. West Va.
18. Funeral director: Memorial Funeral Service
Address: Princeton West Va
19. Apr 16 1940 (Date rec'd by registrar) J J Murph Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 11 or 12 1940, at ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~
Post. mortem examination 19 ____,
~~[illegible]~~ April 14 1940

Immediate cause of death: Alcoholism — DURATION: 5 days
Due to: Exposure to cold.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: John M. Claffey Deputy medical examiner M. D. or other
Address: Annapolis Date signed: 4/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

03881

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Fort George G. Meade, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Station Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 2 Mos 24 Days

Stay in this community (yrs., or mos., or days) 10 Years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Ft Geo G. Meade, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World war.

3. (a) FULL NAME: JOHN J. CANTWELL

3. (b) Social Security Number: -

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: MARY A CANTWELL

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Aug 26, 1894.

8. AGE: Years: 45 Months: 7 Days: 28 If less than one day: ____ hrs. ____ min.

9. Birthplace: CHICAGO, ILL.
(Town, county, and state)

10. Usual occupation: Soldier

11. Industry or business: U. S. Army

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Mary A. Cantwell
Address: Odenton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National

Location: Arlington, Va.

18. Funeral director: Robert Brooks & Son
Address: Baltimore, Maryland

19. April 24, 1940 (Date rec'd by registrar) D.P. CARD, Colonel, M.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1940, at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30, 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

	DURATION
Immediate cause of death: Angina Pectoris	30 Days
Due to: Myocarditis	6 Mos
Due to: Arteriosclerosis	1 Year
Other conditions: Diabetes Mellitus and Nephritis. (Include pregnancy within 3 months of death)	3 Years

Major findings:
Of operations: -
Of autopsy: -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE J. Madigan
Lt. Col. M.C. M. D. or other
Address Ft Geo G. Meade, Md Date signed 4/24/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74)

CERTIFICATE OF DEATH

03882

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Eastport
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Arundel Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A. A.
City or town Arundel Road R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Roland Casey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice P. Casey
6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July 22 1893

8. AGE: Years	Months	Days	If less than one day
46	9	3	hrs. min.

9. Birthplace Annapolis Md.
(Town, county, and state)
10. Usual occupation Blacksmith P.T
11. Industry or business U.S. Naval Academy
FATHER 12. Name James Casey
13. Birthplace Annapolis Md.
MOTHER 14. Maiden name Jannetta Clark
15. Birthplace Annapolis Md.
16. Informant Alice P. Casey
Address Arundel Road. A.A.Co. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 28th (month) (day) (year)
Cemetery or crematory Eden Dale
Location Annapolis Md.
18. Funeral director John M. Taylor
Address Annapolis Md.
19. April 26 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1940, at 6.40 P M

21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from Feb. 10th 1940 to April 25 1940, and that I last saw h- alive on April 23 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	Instant
Due to Coronary Thrombosis	About 1 month
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Oliver Pierce M. D. or other
Address Annapolis Md Date signed 4/26/40

RECEIVED
MAY 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13E)

03883

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8 mos. 24 days
Stay in this community (yrs., or mos., or days): -------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Eastport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 311 Chester Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: KATHERINE COATES

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	black	single

6 (b) Name of husband or wife: ------
6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1914

8. AGE:

Years	Months	Days	If less than one day
26	2	16	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Maid
11. Industry or business: General

FATHER
12. Name: Charles Coates
13. Birthplace: Maryland

MOTHER
14. Maiden name: Birdie Chew
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4 (month) 18 (day) 1940 (year)
Cemetery or crematory: Brewerhall Cemt
Location: Annapolis, Maryland.
18. Funeral director: E. H. B. Parker.
Address: 47 Washington St

19. 4-16th 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14th 1940, at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21st 1939, to April 14 1940, and that I last saw her alive on April 14th 1940.

Immediate cause of death: Tuberculosis of both lungs — DURATION: ?
Due to
Due to
Other conditions: -------
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ----- Date of
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -----
Means of injury: Injured at work? -----

23. SIGNATURE: Herb T. Winkoodz M. D. or other
Address: Crownsville, Md. Date signed: 4/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03884

Reg. Diat. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? entered Apr. 16 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No. 12 Greefield
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Annie Corpew

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married

6.(b) Name of husband ~~or wife~~: George Corpew
6.(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): Feb 22 1879

8. AGE: Years	Months	Days	If less than one day
61	10	22	hrs. min.

9. Birthplace: Prince George Co. Md.
(Town, county, and state)
10. Usual occupation: Cook
11. Industry or business:
FATHER 12. Name: John Brown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Emily Butler
15. Birthplace: Prince George County
16. Informant: Marie Chase
Address: 16 Clay St. Annapolis Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 27, 1940 (month) (day) (year)
Cemetery or crematory: Brewhill Cemetery
Location: On Washington Blvd outside Annapolis
18. Funeral director: Chas. H. Alexander
Address: 43-45 Northwest St Annapolis Md.
19. 4/26 1940 (Date rec'd by registrar) J. J. Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940, at 12:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 25 1940
and that I last saw h.. alive on April 25 1940

Immediate cause of death	DURATION
Coronary Thrombosis	½ hr
Due to	
Due to	
Other conditions: Senile Cataract	

(Include pregnancy within 3 months of death)

Major findings of operations: Senile cataract
Date of op. April 17, 1940
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert S. S. Welch M.D.
M. D. or other
Address: 86 State Circle Annapolis, Md. Date signed: April 26, 1940

RECEIVED
MAY 4 1940
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03885

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Jessup, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or~~ institution: Maryland House of Correction

Stay in ~~hospital~~ or inst. (yrs., or mos., or days): 10 Months-18 Days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1330 Penna. Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: James H. Dixon

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col'd.	Single

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 21, 1920

8. AGE:

Years	Months	Days	If less than one day
19	11	2	3 hrs. 15 min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: James Dixon
13. Birthplace: 1305 N. Fremont St, Balto. Md.

MOTHER
14. Maiden name: Georgia Dixon (Dead)
15. Birthplace: Unknown

16. Informant: Maryland House of Correction
Address: Jessup Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 29-40 (month) (day) (year)
Cemetery or crematory: Cherry Hill.
Location: Jessup Md

18. Funeral director: H. L. Collins
Address: Jessup Md

19. April 29 1940 (Date rec'd by registrar) Clara M Haslup Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24th 1940, at 3.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 24 1940, and that I last saw him alive on April 23 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 mo. +

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Leroy Wright M. D. or other
Address: Jessup Md Date signed: April 24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 7 1940
BUREAU V. S.

03886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Bristol

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~Off State Highway~~ # 416.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Bristol Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Off State Highway # 416

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henrietta Easton (Tasker)

3. (b) Social Security Number: None

4. Sex: Femal

5. Color or race: C

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife

6(c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.): October 6 1939

8. AGE: Years: [illegible] Months: 7 Days: 8 If less than one day: hrs. min.

9. Birthplace: Drury (Town, county, and state)

10. Usual occupation: None

11. Industry or business: Budd Easton

FATHER

12. Name: Virginia Tasker

13. Birthplace: Sudley

MOTHER

14. Maiden name: ~~Louise Downs~~

15. Birthplace: West River

16. Informant: Jan Arthur Tasker

Address: Bristol

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 15 1940 (month) (day) (year)

Cemetery or crematory: Walkers Chapel

Location: Drury, Md

18. Funeral director: T. A. Hardisty & Son

Address: Galesville, Md

19. Apr 15 1940 (Date rec'd by registrar) H. P. Clayton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post-mortem examination, ~~and that I took care of alive on~~ Apr. 14. 1940

Immediate cause of death: Lobar Pneumonia — DURATION: 3 days

Due to

Due to

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis Md Date signed: 4/14/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CORRECTION OF parents' names AUTHORIZED

Author birth cert

BY LETTER FILED IN ~~PERMANENT~~ FILE ON 11/39 date of birth 10/6/39

UNDER Easton

INITIALS A.B DATE 7/10/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

03888

Reg. Diat. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Millers Villa, A. A.
City or town Millers Villa
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Millers Villa County A. A. - Md
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Ford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col-	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1940

8. AGE:

Years	Months	Days	If less than one day
			10 hrs. min.

9. Birthplace Millers Villa Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Richard Ford
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden name Edna Mason
15. Birthplace Gambrill Md

16. Informant Richard Ford
Address P. O. Gambrill a A A Co Md

17. John Wesley Cem
(Burial, cremation, or removal. Which?) Date thereof 4-28 1940 (month) (day) (year)
Cemetery or crematory John Wesley Cem
Location Waterbury Md

18. Funeral director E H B Parker
Address 47 Washington St

19. 4/27 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Gambrill Md April 25 1940, at 10:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Premature Infant	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lawrence W. Greene M. D. or other
Address Annapolis Date signed 4/27/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

03889

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 mos. 3 das.
Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince George's
City or town: Brown's Station Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Unknown (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: JOSEPH FORD

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	black	widowed

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): 1874?

8. AGE: Years	Months	Days	If less than one day
66 ?	Unknown		____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12 40 (month) (day) (year)
Cemetery or crematory: Brooks Chapel
Location: Severn, Md.
18. Funeral director: Pickard Bros
Address: Upper Marlboro, Md.
19. Apr 11 1940 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10th 19 40, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7th, 19 39 to April 10 19 40
and that I last saw him alive on April 10th 19 40

Immediate cause of death: Chronic myocarditis — DURATION:
Due to: ____
Due to: ____
Other conditions: ----------
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of
Where did injury occur? ------ (City or town) (County) (State) ------
Injured at home, farm, industry, public place (where?)
Means of injury: ----- Injured at work?

23. SIGNATURE: Herbert D. Woods M. D. or other
Address: Crownsville, Md. Date signed 4/10/40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03890

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (107)

County Anne Arundel Registration Dist. No. 20

Village or City Sothian No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Louise Garrett If U. S. Veteran, specify WAR

(a) Residence: No. Sothian, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Jan 14 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sothian Md

FATHER

13. NAME: Charles Garrett

14. BIRTHPLACE (city or town) (State or country): Mitchellville Md

MOTHER

15. MAIDEN NAME: Hattie V. Jones

16. BIRTHPLACE (city or town) (State or country): Upper Marlboro Md

17. INFORMANT (Address): Charles Garrett Sothian

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Zion Date: 4-1-1940

19. UNDERTAKER (Address): T. A. Hardesty & Son Gambrills Md

20. FILED: 4-1-1940 W. R. Clayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1940, to Apr. 1, 1940

I last saw h[illegible] alive on Mar 31, 1940; death is said to heve occurred on the date stated above, at 5:45 A. m.

The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:

	Date of onset
Bronchial Pneumonia	1940
Other Contributory Causes of Importance:	
Secondary Anemia	1940

Neme of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury —, 19

Where did Injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury: None

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James E. Sasscer M. D.

(Address) Upper Marlboro, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 6 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03891

Reg. Diat. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County: Anne Arundel Co.
City or town: Green Haven, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Greenhaven Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Pasadena P.O. R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Gerst.

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married,
6 (b) Name of husband or wife: Mary E. Gerst
Nee Harris
6(c) If alive, give age: 82 years
7. Birth date of deceased (mo., day, yr.): May 14 1861
8. AGE: Years: 78 Months: 10 Days: 3 If less than one day: ____ hrs. ____ min.
9. Birthplace: Rutty Hill, Balto Co
(Town, county, and state)
10. Usual occupation: Painter Retired.
11. Industry or business: Self,
FATHER 12. Name: Jacob Gerst
13. Birthplace: Bolavia Germany
MOTHER 14. Maiden name: Gertrude Herold
15. Birthplace: Curhessen, Germany
16. Informant: Nallie E Stubbs
Address: 2922 Clifton Ave,
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1940 (month) (day) (year)
Cemetery or crematory: Magothy Church yard
Location: Jacobsville, A.A. Co.,
18. Funeral director: Thomas W. Singleton
Address: Glen Burnie, Md.
19. April 10 - 1940 (Date rec'd by registrar) Matilda R. Deale Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/9/40 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/23/40, 19____, to 4/9/40 19____, and that I last saw him alive on 4/8/40 19____.

	DURATION
Immediate cause of death: Hypostatic Pneumonia.	2-3 days
Due to: Bronchial pneumonia, cause	
Due to: Chronic Bronchitis, Myocarditis, Chronic Arterio Sclerosis	Long Time
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John J. Alexander M. D. or other
Address: Glen Burnie Date signed: 4/9/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (125 ...)

03892

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:

County Anne Arundel

City or town Jessup (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Md. House of Correction

Stay in ~~hospital or~~ inst. (yrs., or mos., or days) 1 yr. 2 mos 26 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1515 Penna. Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME HAIRSTON: Thelma

3. (b) Social Security Number None

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 19 yrs | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Mary Mackiffin

15. Birthplace Unknown

16. Informant Record of Maryland House of Correction

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 22-1940 (month) (day) (year)

Cemetery or crematory Mt Auburn 4/22/40

Location Baltimore City

18. Funeral director Thomas E. Kelson

Address 1303 Presstman

19. April 18 1940 (Date rec'd by registrar) W. L. Jones D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 9 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 18 1940, and that I last saw her alive on April 17 at 10 P.M. 1940.

Immediate cause of death: Acute Yellow Atrophy of Liver

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 4 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Terez Wright M. D. or other

Address Jessup Md. Date signed Apr 18-40

RECEIVED
MAY 7 1940
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

03893

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Lake Shore (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Pasadena, P.O., R.F.D.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 7 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Lake Shore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Pasadena P.O. R.F.D. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Robert G. Harrington

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 9, 1940

8. AGE: Years | Months: 1 | Days: 18 | If less than one day: hrs. min.

9. Birthplace: Lake Shore, A.A. Co. Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: William L. Harrington
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Gertrude Lindeman
15. Birthplace: Baltimore Md

16. Informant: Mrs Beulah M. Hedrick

Address: Lake Shore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 29, 1940 (month) (day) (year)

Cemetery or crematory: Holy Cross Cemetery

Location: Anne Arundel County

18. Funeral director: Thomas W Singleton

Address: Glen Burnie, Md.

19. April 28 1940 (Date rec'd by registrar) Mrs DeAlba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~[illegible]~~ Post Mortem Examination, ~~[illegible]~~ Apr. 27, 1940

Immediate cause of death: Burns (3rd degree)

Due to: House in which child lived was burned to ground

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of: 4/27/40

Where did injury occur? Lake Shore (City or town) A.A. (County) Md (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: Fire Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis, Md. Date signed: 4/27/40

Review
of
Holmes Store

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

03894

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town _____ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) _____

Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County A. A.

City or town Harwood, Md. Ward No. _____ (If outside city or town limits, write RURAL NEAR and give town)

Street No. _____ (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Charles Henry Harrison

3. (b) Social Security Number _____

4. Sex: M.

5. Color or race: C

6. (a) Single, married, widowed, or divorced: _____

6 (b) Name of husband or wife _____

B(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 22 1939

8. AGE: Years _____ Months 10 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Harwood (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Arthur B. Harrison
13. Birthplace Prince George Co. Md.

MOTHER
14. Maiden name Hazel Simms
15. Birthplace Harwood, Md.

16. Informant Arthur Simms

Address Harwood

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15 1940 (month) (day) (year)

Cemetery or crematory Daniel Star

Location West River

18. Funeral director T. A. Hardisty & Son

Address Galesville, Md.

19. Apr. 15th 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1940, to April 14 1940, and that I last saw him alive on April 13 1940.

Immediate cause of death Robert Pneumonia

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [signature] M. D. or other

Address Easeport Date signed Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03895

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Herald Harbor
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: near Fire House
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Herald Harbor, Crownsville Ward No. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: near Fire House
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Maude Heidenreich

3. (b) Social Security Number: None

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: William C. Heidenreich
6(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): Feby 26 1883

8. AGE: Years: 57 Months: 1 Days: 28 If less than one day: hrs. min.

9. Birthplace: Lancaster Co. Penn
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Samuel Graham
13. Birthplace: Penn.
MOTHER
14. Maiden name: Sarah Myers
15. Birthplace: Penn
16. Informant: William C. Heidenreich
Address: Herald Harbor, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 27-1940 (month) (day) (year)
Cemetery or crematory: Baldwin Memorial
Location: Millersville Md
18. Funeral director: B. L. Hopping
Address: Annapolis, Md.
19. 4-26 1940 (Date rec'd by registrar) J J Murph Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 24 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post Mortem Examination
~~and that last saw~~ ~~alive on~~ Apr. 25. 1940

Immediate cause of death: Coronary Thrombosis — DURATION: sudden
Due to: Arterio-sclerosis — 2 years or more
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John M. Caffy Deputy Medical Examiner M. D. or other
Address: Annapolis Md Date signed: 4/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

03896

STATE OF MARYLAND—CERTIFICATE OF DEATH

(94a)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Upper Magothy Beach No. St., Ward

Pasadena P.O. Md. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert H. Hohn If U. S. Veteran, specify WAR

(a) Residence: No. Upper Magothy St., Ward Social Security No: 214-12-4173

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Hohn

6. DATE OF BIRTH (month, day, and year) Feby 14. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gen. Store

10. Date deceased last worked at this occupation (month and year) 4/18/40

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME David Hohn

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Bridget Glenn

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Mrs Mamie Harper. Pasadena, P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date 4/22, 1940

19. UNDERTAKER (Address) John J. Fahey & Sons 1316 Light St.

20. FILED 4-18, 1940 L. A. Breit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post-mortem examination ~~Last saw him alive on~~ Apr. 18, 1940; death is said to have occurred on the date stated above, at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion (sudden death)	4/18/40

Other Contributory Causes of importence:

Arterio-Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John McCaffy Deputy Medical Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 2 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03897

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (516)

County A A Md Registration Dist. No. 21

Village or City Annapolis Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Bowie Howard If U. S. Veteran, specify WAR

(a) Residence: No. 248 Prince George St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Alexander Howard

6. DATE OF BIRTH (month, day, and year) May 29th 1855

7. AGE Years	Months	Deys	If LESS than 1 day, hrs. or min.
84	11	1	

OCCUPATION

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Insurance

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) A A Co Md
(State or country)

FATHER

13. NAME Allen B. Howard

14. BIRTHPLACE (city or town) A A Co Md
(State or country)

MOTHER

15. MAIDEN NAME Anna M. Spence

16. BIRTHPLACE (city or town) A A Co Md
(State or country)

17. INFORMANT Rose A. Howard
(Address) 248 Prince George St

18. BURIAL, CREMATION, OR REMOVAL
Place Davidsonville Md Date May 2nd, 1940

19. UNDERTAKER J. M. Jenkins & Co
(Address) McTodds Cleveland St

20. FILED May 1st, 1940 J. J. Mrs Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 30th, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to April 30, 1940

I last saw him alive on April 29, 1940, death is said to have occurred on the date steted above, at 1 1/2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Carcinoma Prostate	Not Known

Other Contributory Causes of Importance:

Supposed

Name of operation Date of

What test confirmed diegnosis? Wes there an autopsy?

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Wes disease or injury in any way reteted to occupation of deceased?

If so, specify

(Signed) Walter H. Mathews M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (137-a)

03898

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: A.A.

City or town: Annapolis,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 Months

Stay in this community (yrs., or mos., or days): 29 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A,

City or town: Annapolis. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 37 Cornhill St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Richard H. Howes

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose E Howes

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): July 25 — 1863

8. AGE: Years: 76 Months: 8 Days: If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business

FATHER
12. Name: John E Howes
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Randal
15. Birthplace: Md.

16. Informant: Rose E . Howes

Address: 37 Conduit St. Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 26 1940 (month) (day) (year)

Cemetery or crematory: Cedar Bluff

Location: Annapolis, Md.

18. Funeral director: B.L.Hopping

Address: Annapolis, Md.

19. 4 26 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940, at 11 50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death: Uraemia + Myocarditis — DURATION

Due to: Prostatic Tumor

Due to: Very Large Prostate — several yrs.

Other conditions: Intestinal Obstruction Partial. (Include pregnancy within 3 months of death) — 10 days.

Major findings:

Of operations: Very large prostate operation April 4/40

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Oliver Purcell M. D. or other

Address: Annapolis Date signed: 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131-a)

03899

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: A A Co.

City or town: HARMAN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: a.a. Co.

City or town: Harman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: RICHARD N. JEFFREY

3. (b) Social Security Number:

4. Sex: MALE

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: WIDOWER

6.(b) Name of husband or wife: SARAH M JEFFREY

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MARCH 1. 1856

8. AGE: Years: 84 Months: 1 Days: 26 If less than one day ..... hrs. ..... min.

9. Birthplace: A. A. Co MD

(Town, county, and state)

10. Usual occupation: FARMER

11. Industry or business

FATHER

12. Name: RICHARD JEFFREY

13. Birthplace: HARMAN MD

MOTHER

14. Maiden name: NANCY HOOD

15. Birthplace: HARMAN MD

16. Informant: MR NORMAN JEFFREY

Address: 1930 MOSHER ST

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 4 30 40 (month) (day) (year)

Cemetery or crematory: FRIENDSHIP

Location: A A Co - MD

18. Funeral director: Wm J. Lichtner & Sons

Address: Balto Md

19. April 29 1940 (Date rec'd by registrar) Clara M Haskell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 27 1940 at 3 19 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st 1938, to April 27 1940

and that I last saw him alive on April 27th 1940

Immediate cause of death: Cardio-Vascular-Renal disease — DURATION: 3 yrs.

Due to: Chr. Myocarditis. — 3 yrs.

Due to: Arterio-sclerosis. — 5 yrs.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank Shipley M. D. or other

Address: Savage, Md. Date signed: 4/28/40

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

03900

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Jacobsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: off Gibson Island road
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Jacobsville Pasadena P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena Jenkins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	negro	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1940

8. AGE: Years | Months | Days: 18 | If less than one day: — hrs. — min.

9. Birthplace: Jacobsville Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name: Henry Jenkins
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Jennie Merman
15. Birthplace: Baltimore, Md

16. Informant: Henry Jenkins
Address: Jacobsville, Pasadena P.O. Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof: 4-9-1940 (month) (day) (year)
Cemetery or crematory: Magothy Mem. a. a. Co.
Location:

18. Funeral director: A. Mercer
Address: P.O. Pasadena. Md

19. 4-8 19 40 L. A. Bode
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 8 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post Mortem Examination ~~and last saw him alive~~ on 19

Immediate cause of death	DURATION
Convulsions	7 hours
Due to: Congenital debility	18 days
Due to: Premature infant (born at 8 mos.)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John M Caffy Deputy Medical Examiner M. D.
Address: Annapolis Md Date signed 4/8/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03901

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel County

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 20 yrs. 5 mos. 15 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. F. D. 4, Box 52

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: --------

3. (a) FULL NAME: LOTTIE JOHNSON

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	married

B (b) Name of husband or wife: Douglas Johnson

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1894

8. AGE:

Years	Months	Days	If less than one day
46	Unknown		---- hrs. ---- min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: General

FATHER

12. Name: George Sandridge

13. Birthplace: Virginia

MOTHER

14. Maiden name: Bettie Scott

15. Birthplace: Virginia

16. Informant: Hospital Records Crownsville, Maryland

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-29-40 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville

18. Funeral director: Supt.

Address

19. (Date rec'd by registrar) Apr 29 1940 E. T. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25th, 1940, at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1919, to April 25 1940, and that I last saw h- im- alive on April 25th 1940.

Immediate cause of death: Tuberculous meningitis — DURATION

Due to: ----

Due to: ----

Other conditions: ------

(Include pregnancy within 3 months of death)

Major findings: -----

Of operations: ----

Dt autopsy: ---------

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of: ----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: ---- Injured at work? -----

23. SIGNATURE: Herbert Thomas Woods M. D. or other

Address: Crownsville, Md. Date signed: 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940

44093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03902

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Jessups (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland House of Correction

Stay in hospital or inst. (yrs., or mos., or days): less than a day

Stay in this community (yrs., or mos., or days): less than a day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Ann

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: no permanent address (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frank Jones

3. (b) Social Security Number: 213-05-4044

4. Sex: male

5. Color or race: negro

6. (a) Single, married, widowed, or divorced: no single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1/1/1890

8. AGE: Years: 50 Months: 3 Days: 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Pamplin Va (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Ellick Jones
13. Birthplace: unknown

MOTHER
14. Maiden name: Sarah - unknown
15. Birthplace: unknown

16. Informant: Records Md House of Correction

Address: Henry H Drum Jessups Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 11-40 (month) (day) (year)

Cemetery or crematory: Cherry Hill

Location: Jessup. Md.

18. Funeral director: H L Collins

Address: Jessup. Md

19. Apr 10 1940 (Date rec'd by registrar) Clara M Haslup Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 6 1940, at 10 30 A M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ Post. mortem examination 19 ____, ~~and that I last saw the ... alive on~~ Apr. 6 1940

Immediate cause of death: Coronary Occlusion — DURATION: sudden

Due to: Arterio-sclerosis — unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: John M. Claffy Deputy Medical Examiner M. D. or other

Address: Annapolis, Md. Date signed: 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
MAY 7 1956
BUREAU V.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

03903

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Nutwell P.O.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 40-50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Nutwell P.O. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: William Cornelius ~~Joh~~ Jones

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jeanette Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): December 23 1853

8. AGE: Years: 86 Months: 3 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Anne Arundel County, Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: George Jones

13. Birthplace: A. A. County

MOTHER

14. Maiden name: Barbara A. Wilkerson

15. Birthplace: Anne Arundel County

16. Informant: Mrs Thomas Ford

Address: Nutwell Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/19/40 (month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Friendship

18. Funeral director: T. A. Harvesty & Son

Address: Galesville, Md.

19. 4-19 1940 (Date rec'd by registrar) W. R. Clayton Dep Mil Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1910 15 P. at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11, 1940, to April 17 1940, and that I last saw him alive on April 11 1940.

Immediate cause of death: Carcinoma of face Left temporal frozen

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. B. Hart M. D. or other

Address: Lothian Md Date signed 4/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-C)

CERTIFICATE OF DEATH

03904

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundle

City or town: P. O. Millersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 years I month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Anne Arundel

City or town: P.O.Millersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Henry Keirsey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Mary Elizabeth

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 20, 1870

8. AGE: Years	Months	Days	If less than one day
69	9	29	hrs. min.

9. Birthplace: Petersburg, Va.
(Town, county, and state)

10. Usual occupation: Paperhanger

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: England

MOTHER
14. Maiden name: unknown
15. Birthplace: " "

16. Informant: Bernard Keirsey
Address: P.O.Millersville, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 4-10-40 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cem.

Location: A. A. Co.

18. Funeral director: T. Singleton
Address: Glen Burnie, Md

19. H-7 1940 (Date rec'd by registrar) L. a. Brit Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7th 1940, at 1.45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26th 1940 to April 7 1940, and that I last saw him alive on April 6th 1940

Immediate cause of death: Uremia — DURATION: 3 days

Due to: Acute interstitial nephritis

Due to: Acute bacterial endocarditis — 2 weeks

Other conditions: Acute polyarthritis — " "
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: L. a. Brit, M.D.

Address: Pasadena, Md. M. D. or other — Date signed 4-7-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-c)

03905

CERTIFICATE OF DEATH

Reg. Dist. No.

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 34 Northwest (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John H. Ting

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 30 1883

8. AGE:

Years	Months	Days	If less than one day
57	?	?	____ hrs. ____ min.

9. Birthplace: Annapolis Anne Arundel Maryland (Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business:

FATHER
12. Name: John Wessley Ting
13. Birthplace: Annapolis Md.

MOTHER
14. Maiden name: Carrie Baden
15. Birthplace: Pr. Geo. Co

16. Informant: Orissa Thorpe
Address: 34 Northwest St Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 3 1940 (month) (day) (year)
Cemetery or crematory: Brewhill Apr. 3 1940
Location: On Washington Blvd. outside Annapolis Limits

18. Funeral director: Chas. H. Abbander
Address: 43, 45 Northwest St. Annapolis Md.

19. 4-4 1940 (Date rec'd by registrar) J. Mosby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940, at 4.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1940, to April 1 1940, and that I last saw him alive on April 1 1940.

	DURATION
Immediate cause of death: Cerebral Embolism	
Due to: Arteriosclerosis & Hypertension	yrs.
Due to: ~~Cancer~~	
Other conditions: Cardiac Hypertrophy; Bronchial Asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M. F. K Lavano, M.D. M. D. or other
Address: 31 Southgate Ave Date signed 4/3/40

APR 12 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03906

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Bodkins Plant.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel.

City or town Bodkin Plant Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bodkin Road off Mountain Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Leon Koestelo

3. (b) Social Security Number None.

4. Sex ~~White~~ ~~about 58~~

5. Color or race White

6.(a) Single, married, widowed, or divorced Single.

B (b) Name of husband or wife None.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 58 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs Anna Dujardin

Address Pasadena R.D. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2, 1940 (month) (day) (year)

Cemetery or crematory Marley Churchyard

Location A. A. Co.

18. Funeral director Thomas W Pinghton

Address Glen Burnie, Md.

19. 4-2 1940 L. A. Brix (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH april 2 1940, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1940, to March 23 1940

and that I last saw h ___ alive on March 23 1940

Immediate cause of death acute uremia

Chronic interst. nephritis

Due to Lobar pneumonia 2 wk

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Brix M.D. M. D. or other

Address Pasadena Date signed 4-2-40

Joseph Dujardin.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to add xx of deceased - letter on permanent file under L.A. Breit 11/6/40
M.G.

RECEIVED
MAY 4 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46B)

03907

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County A.A.
City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 16 Murry Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 37 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A.A.
City or town Annapolis, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 16 Murry Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Arista W. Lacey Sr

3. (b) Social Security Number None

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Emma E Lacey
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Jan 5 1875
8. AGE: Years 65 Months 3 Days 12 If less than one day ____ hrs. ____ min.
9. Birthplace Va. (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name William Lacey
13. Birthplace Va.
MOTHER 14. Maiden name Mary Carpenter
15. Birthplace Va.
16. Informant Collins O. Lacey
Address 16 Murry Ave. Annapolis, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20 1940 (month) (day) (year)
Cemetery or crematory Cedar Bluff
Location Annapolis, Md.
18. Funeral director B.L.Hopping
Address Annapolis, Md.
19. 4 20 (Date rec'd by registrar) 1940 J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1940, at 7 00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 17 1940, and that I last saw him alive on April 17 1940.

	DURATION
Immediate cause of death Gastric Hemorrhage	Immediate
Due to Carcinoma of Stomach	6 mos
Due to	
Other conditions Metastasis to liver	6 mos

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Albert L. Anderson M. D. or other
Address Annapolis, Md Date signed 4/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03908

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County a. a. Co.

City or town Mt Zion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Wesley Magruder

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Lottie Magruder

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 75 | Months | Days | If less than one day hrs. min.

9. Birthplace a. a. Co. Md.
(Town, county, and state)

10. Usual occupation Farm hand

11. Industry or business

FATHER 12. Name Charles Magruder

13. Birthplace A. A. Co. Md

MOTHER 14. Maiden name Margaret Donald

15. Birthplace

16. Informant Charles Magruder

Address Mt Zion Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)

Cemetery or crematory Mt Zion

Location Mt Zion Md

18. Funeral director T. A Hardesty & Son

Address Galesville

19. Apr 12 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1940, to April 9 1940, and that I last saw h[illegible] alive on April 9 1940.

Immediate cause of death	DURATION
Arteriosclerosis C.V.R.	
Anemia	
Due to Myocardial Insufficiency	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Galesville Md Date signed 4-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84-C)

CERTIFICATE OF DEATH

03909

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 days

Stay in this community (yrs., or mos., or days): 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1008 W. Lafayette Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Richard Bernard Matthews

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1906

8. AGE:

Years	Months	Days	If less than one day
34	?	?	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: George Matthews

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lilly Gaither

15. Birthplace: Maryland

18. Informant: Hospital Relatives Sister Address: 1008 W. Lafayette Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-16-40 (month) (day) (year)

Cemetery or crematory: Mt. Auburn Cemetery

Location: Baltimore, Md.

18. Funeral director: Katie R. Williams

Address: 332 N. Schroeder St. Balto.

19. 4-14-40 (Date rec'd by registrar) E. J. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13, 1940, at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5, 1940, to April 13, 1940, and that I last saw h[illegible] alive on April 13, 1940.

	DURATION
Immediate cause of death: Manic Exhaustion	7 days
Due to: Manic Excitement	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Herbert S. Matthews M. D. or other

Address: Date signed:

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MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03910

1. PLACE OF DEATH (93-d)

County A A County Registration Dist. No. 22

Village or City Odenton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Meyer

(a) Residence: No. — St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Meyer

6. DATE OF BIRTH (month, day, and year) June 4, 1859

7. AGE 80 Years | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Benjamin Meyers

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Martin Meyer Odenton

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Ch. Bowie Date April 24 1940

19. UNDERTAKER (Address) M Fladung Sons Bowie Md

20. FILED April 22, 1940 W. L. Jones L.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 22 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1940, to April 21, 1940

I last saw her alive on April 20, 1940; death is said to have occurred on the date stated above, at 510 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Senility

and heart failure

Primary Cause: Chronic myocarditis

Duration: Six months. W.S.R.

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James H Truitt M. D.

(Address) Glenn Dale Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23 03911

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Benfield (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 11years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Benfield Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Crain Highway (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Philip Lee Myers

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Agnes C. Myers (Nee Findling) 6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): July 8, 1883

8. AGE: Years: 56 Months: 9 Days: 9 If less than one day: hrs. min.

9. Birthplace: Glen Burnie, Md. (Town, county, and state)

10. Usual occupation: Store keeper

11. Industry or business: Self (Grocery)

FATHER

12. Name: Henry J. Myers

13. Birthplace: Anne Arundel Co.

MOTHER

14. Maiden name: Elizabeth E. Wade

15. Birthplace: Anne Arundel Co.

16. Informant: Henry T. Myers

Address: Severn, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 20, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: Thomas W. Singleton

Address: Glen Burnie, Md.

19. April 19 1940 (Date rec'd by registrar) M. S. Alba Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1940, at 8.20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/27/40 19 , to 4/17/40 19 , and that I last saw him alive on 4/17/40 19

Immediate cause of death: Grippe

Due to:

Due to:

Other conditions: Acute Cardiac Dilatation, 1 dy

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 3 wks

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John J. Alexander M. D. or other

Address: Glen Burnie Date signed: 4/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03912

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 23

Village or City Severn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Parker Infant (unnamed) If U. S. Veteran, specify WAR .....

(a) Residence: No. Severn St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/8/40.

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Severn Aa Co (State or country)

FATHER

13. NAME Miles?

14. BIRTHPLACE (city or town) unknown (Ca. Mo.) (State or country)

MOTHER

15. MAIDEN NAME May Parker unknown

16. BIRTHPLACE (city or town) Severn Md (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Furnace Beach cem Date April 10, 1940

19. UNDERTAKER James Parker (Address)

20. FILED April 10, 1940 Mrs. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 8, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still birth.	
Premature infant	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John [illegible] M. D.

(Address) [illegible] Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAY 4 1928 BUREAU OF S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03913

CERTIFICATE OF DEATH

(93d)

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: A. A.
City or town: St Margretts
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: A. A.
City or town: St Margretts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Porter
3. (b) Social Security Number: never had any

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Carrie Porter
6(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): June 15 1886
8. AGE: Years 53 | Months 10 | Days 14 | If less than one day ___ hrs. ___ min.
9. Birthplace: A. A. (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business
FATHER 12. Name: William Porter
13. Birthplace: A. A.
MOTHER 14. Maiden name: Rebecca Johnson
15. Birthplace: A. A.
16. Informant: Bernard Porter
Address: St Margretts
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2 1940 (month) (day) (year)
Cemetery or crematory: Broadneck.
Location: A. A. Co.
18. Funeral director: J. B. Johnson
Address: Annapolis
19. 5-2 (Date rec'd by registrar) 1940 J J Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 29 1940, at 12:30 A.M. midnight
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1940, to Apr 29 1940, and that I last saw him alive on April 27 1940.
Immediate cause of death: Chr. Myocarditis
Due to: Decompensation
Due to
Other conditions: Struck by lighting 2 yrs. ago. Asthma
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION: Jan 1940

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Maurice F. Klawans, MD M. D. or other
Address: 31 South Gate Av Date signed: 5/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

03914

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town East Port
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9 years 11 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town East Port Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 611 2d st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Pritchard

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	married

6 (b) Name of husband or wife Andrew Pritchard

6(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Jan. 1st. 1875

8. AGE: Years	Months	Days	If less than one day
65 65	10 3	16	hrs. min.

9. Birthplace Columbia Lancaster Co Pa
(Town, county, and state)

10. Usual occupation maid

11. Industry or business

FATHER 12. Name Jessie Martin
13. Birthplace Virginia

MOTHER 14. Maiden name Eliza Turner
15. Birthplace Lancaster Co. Pa.

16. Informant Mary Thompson
Address 611 2d st. East Port Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof apr. 21. 1940 (month) (day) (year)

Cemetery or crematory Brewer Hill Cemetery

Location On Washington rd outside approbs rd

18. Funeral director Chas. H. Alexander

Address 43, 45 Northwest Annapolis Md.

19. 4/18 (Date rec'd by registrar) 4/6 J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2d 1940 to April 17th 1940, and that I last saw her alive on April 16th 1940

Immediate cause of death Myocarditis — DURATION 2 wks

Due to

Due to

Other conditions Chronic Nephritis Bronchitis Anasarca

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. T. Russell M.D.
M. D. or other

Address Eastport Md Date signed 4-18

Authorization to change date of birth, affidavit from Mary Thompson, informant.
4/24/40

03915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County ~~Jessup~~ Anne Arundel

City or town Jessup
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred: --

How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Anne Arundel

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ~~none~~

3.(a) FULL NAME Margaret F Ray

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife J Wesley Ray

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 2nd 1862

8. AGE:

Years	Months	Days	If less than one day
78	3	24	..... hrs. ..... min.

9. Birthplace Anne Arundel County, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William T. Gaylor
13. Birthplace Maryland

MOTHER
14. Maiden name Miranda A. Boyer
15. Birthplace Maryland

16. Informant Mrs. William H. Rowles
Address Jessup, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 29th 1940
(month) (day) (year)

Cemetery or crematory Friendship

Location Anna Arundel County, Md.

18. Funeral director Wm. J. Tickner & Sons.
Address North & Penna Aves.,

19. Apr 27 1940
(Date rec'd by registrar)

Clara M Hoslich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1940, at 10 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17th 1940 to April 26th 1940 and that I last saw her alive on April 26th 1940

Immediate cause of death	DURATION
Cardio-Renal Vascular	
Due to Disease	1 yr.
Due to	
Other conditions Fracture of Rt. Clavicle + 4 Ribs — auto accident.	23 days.

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op.

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

Where did injury occur? Odenton, a.a., Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on public road.

Means of injury auto-accident. Injured at work? No.

23. SIGNATURE Frank Shipley, M.D.
M. D. or other

Address Savage, Md. Date signed 4/27/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83b)

03916

CERTIFICATE OF DEATH

Reg. Dist. No. 2I

1. PLACE OF DEATH:

County Anne Arundel

City or town Jacobsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) I year 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Anne Arundel

City or town Jacobsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Benard Sparenberg

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Susan

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December I, I858

8. AGE:

Years	Months	Days	If less than one day
8I	4	I7	hrs. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual occupation railroad man (retired)

11. Industry or business

FATHER
12. Name Conrad Sparenberg
13. Birthplace Germany

MOTHER
14. Maiden name unknown
15. Birthplace Germany

16. Informant Wm. T. Sparenberg
Address 23I2 Garrett ave., Baltimore

17. burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 20 1940
(month) (day) (year)

Cemetery or crematory Cedar Hill Cem.

Location A. A. Co.

18. Funeral director Wm. J. Tickner & Sons
Address Baltimore, Md.

19. 4-18 19 40 L. A. Breit
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April I8 1940, at 5 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-I5 1940, to 4-I5 1940, and that I last saw h alive on 4-I5 1940.

Immediate cause of death Cerebral thrombosis — DURATION 4 days

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

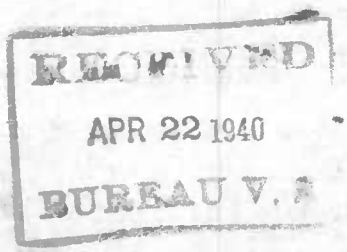
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Breit, M.D.
M. D. or other

Address Pasadena, Md. Date signed 4-18-40

DATE OF BURIAL: authorized verbally by Wm.J.Tickner & Sons
April 24, 1940. - LL



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-2)

03917

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County Emergency Hospital
City or town Annapolis - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore - Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2511 W. Lombard St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Stapf
3. (b) Social Security Number

4. Sex Female
5. Color or race W
6. (a) Single, married, widowed, or divorced (M)
6 (b) Name of husband or wife Frank Stapf
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 10 1869
8. AGE: Years 70 Months 5 Days 21 If less than one day hrs. min.
9. Birthplace Balto - Md (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Geo. Schall
13. Birthplace Pa
MOTHER 14. Maiden name Mary Cotton
15. Birthplace Washington
16. Informant Frank Stapf
Address 2511 W. Lombard St Balto Md
17. Loudon Park C. Balto Md Date thereof April 3/40 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory
Location Baltimore - Md
16. Funeral director F. B. Wiffert
Address 1301 Eutaw Place
19. 4 1 1940 J J Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 6 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940, to April 1 1940, and that I last saw her alive on April 1 1940.

Immediate cause of death Myocarditis Chr. + Myocardial Insufficiency — DURATION unknown
Due to Arterio Sclerosis — unknown
Due to Nephritis (Chr) — unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C Baird M. D. or other
Address Annapolis Md Date signed 4-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03918

CERTIFICATE OF DEATH (92-1)

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: A A.

City or town: Annapolis Md Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 26 Holland St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Morris Oden Stewart Jr.

3. (b) Social Security Number: 214-05-0565

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Teresa Agnes Stewart

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 2d 1872

8. AGE: Years	Months	Days	If less than one day
68	2	25	____ hrs. ____ min.

9. Birthplace: Annapolis Md.

(Town, county, and state)

10. Usual occupation: Printer (Ret)

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace

MOTHER

14. Maiden name: Unknown

15. Birthplace

16. Informant: Morris O. Stewart Jr.

Address: Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 30-1940 (month) (day) (year)

Cemetery or crematory: St Anns

Location: Annapolis Md.

18. Funeral director: John W. Taylor

Address: Annapolis Md.

19. 4-28 (Date rec'd by registrar) 1940 J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-29 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 16 1940, to Apr 29 1940, and that I last saw him alive on Apr 16 1940.

Immediate cause of death	DURATION
De Dilation of Heart	12 hrs
Due to	
Due to	
Other conditions: Arteriosclerosis	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. J. Murphy M. D. or other

Address: Annapolis Date signed 4-28

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03919

Reg. Diat. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County A.A.

City or town Rural, Best Gate
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County A.A.

City or town Rural near Best Gate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Best Gate
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine Stockett

3. (b) Social Security Number None

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 5 1939

8. AGE: Years ____ Months 5 Days 3 If less than one day ____ hrs. ____ min.

9. Birthplace Annapolis, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Benjamine F. Stockett

FATHER 13. Birthplace Davidsonville, Md.

MOTHER 14. Maiden name Mary F. Marshall

MOTHER 15. Birthplace Deale. Md.

16. Informant Benjamin F. Stockett

Address Best Gate. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 9 1940 (month) (day) (year)

Edwards Chapel

Cemetery or crematory

Location Parole Maryland

18. Funeral director B.L.Hopping

Address Annapolis, Md.

19 April 9th, 1940 (Date rec'd by registrar) J.J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 9.30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 5 1940, to April 8 1940, and that I last saw her alive on April 8 1940

Immediate cause of death Lobar Pneumania — DURATION 1 week

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D.
M. D. or other

Address Annapolis Md Date signed 4/8/40

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03920

Reg. Dist. No. 22

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: District Training School
Stay in hospital or inst. (yrs., or mos., or days): 12 yrs. 1 mo. 22 dys.
Stay in this community (yrs., or mos., or days): (Same)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: A.C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Guy Sweeney
3. (b) Social Security Number

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): August 20, 1900
8. AGE: Years 39 | Months 7 | Days 11 | If less than one day — hrs. — min.
9. Birthplace: ? (Town, county, and state)
10. Usual occupation: None
11. Industry or business: None
FATHER
12. Name: John Sweeney
13. Birthplace: ?
MOTHER
14. Maiden name: Cathea ?
15. Birthplace: ?
16. Informant: Hospital record
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/3/40 (month) (day) (year)
Cemetery or crematory: Dist. Tr. School Cemetery
Location: On Dist. Tr. School grounds
18. Funeral director: James Lewald
Address: Dist. Tr. School
19. Apr 3 1940 (Date rec'd by registrar) Clara M. Haslup Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1940, to Apr 1 1940, and that I last saw him alive on April 1 1940.
Immediate cause of death: Bronchopneumonia (bilateral) — DURATION: 2 days
Due to
Due to
Other conditions: Odiacy + Marasmus — Life
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Bronchopneumonia

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

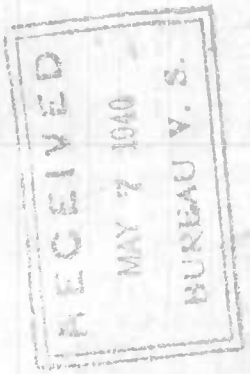
23. SIGNATURE: James A. Hurley M.D. M. D., or other
Address: Dist. Tr. School Date signed 4/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

L. W. Kramer



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

03921

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Annapolis Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town Annapolis Md. Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jane Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14th 1940

8. AGE:

Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace Annapolis Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Donald L Thomas
13. Birthplace China

MOTHER 14. Maiden name Anne Howard Thomas
15. Birthplace Penn

16. Informant Mrs Douglas Howard
Address Acton Place Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12th 1940 (month) (day) (year)
Cemetery or crematory Burial Naval
Location Annapolis Md.

18. Funeral director John M. Taylor
Address Annapolis Md.

19. April 11th 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 12 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940 to April 12 1940, and that I last saw her alive on April 11 1940.

Immediate cause of death	DURATION
Pneumonia, Atelectasis	2 days
Due to Aspiration of Meconium	
Due to Prematurity & Premature separation Placenta	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE O B Morrison M. D. or other
Address Annapolis Md Date signed April 12, 1940
Naval Academy

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

03922

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Severn P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County A.A. Co

City or town Severn P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. New Cut Rd 3 miles below Glen Burnie
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Inez A Upton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas B.

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct 4 1884

8. AGE: Years	Months	Days	If less than one day
55	6	4	____ hrs. ____ min.

9. Birthplace Glen Burnie
(Town, county, and state)

10. Usual occupation Housework at home

11. Industry or business

FATHER 12. Name William Watts

FATHER 13. Birthplace Md

MOTHER 14. Maiden name Lydia Stinchcomb

MOTHER 15. Birthplace Md

16. Informant Mr Thomas B Upton

Address Severn P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 13/40 (month) (day) (year)

Cemetery or crematory Friendship

Location Campmead Rd

18. Funeral director William M Mereck

Address 716 Light St

19. April 11 1940 (Date rec'd by registrar) Mereck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 4:50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to April 10 1940, and that I last saw her alive on April 9. 1940.

Immediate cause of death	DURATION
Hemorrhage in the Brain	6 days
Due to Arterio Sclerosis	10 yrs
Due to Valvular Disease of the Heart	10 yrs
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE James S. Bellenger M. D.
M. D. or other

Address Glen Burnie Md Date signed April 11, 1940

RECEIVED
MAY 4 1940
U.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03923

(50)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Fort Severn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Gleaves Van Metre

(a) Residence: No. Fort Severn St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Van Metre

6. DATE OF BIRTH (month, day, and year) July 15th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D. C. (State or country)

FATHER

13. NAME Albert Gleaves

14. BIRTHPLACE (city or town) Nashville Tenn. (State or country)

MOTHER

15. MAIDEN NAME Evelyn M. Heap

16. BIRTHPLACE (city or town) Lexington Ky. (State or country)

17. INFORMANT Thomas E. Van Metre (Address) Fort Severn A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Va. Date April 19, 1940

19. UNDERTAKER John M. Taylor (Address) Annapolis Md.

20. FILED 4-18, 1940 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1940, to April 17, 1940

I last saw her alive on April 16, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of left breast with metastasis to lungs, cervical lymph nodes and liver. — Date of onset 1-6-28

Other Contributory Causes of importance:

Name of operation Radical Breast amputation Date of 1-6-38

Whether confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. B. Morrison Jr. M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

U.S. Naval Dispensary

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03924

21

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville State Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville

Stay in hospital or insf. (yrs., or mos., or days): 2 mos. 23 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: DIMMICK VARNER

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: ------

6(c) If alive, give age: ------ years

7. Birth date of deceased (mo., day, yr.): 1870

8. AGE:

Years	Months	Days	If less than one day
70	Unknown		------ hrs. ------ min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: ------

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-7-40 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville Md.

18. Funeral director: Supt

Address

19. May 7 (Date rec'd by registrar) 1940 E. T. Joyce Registrar

V 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28th 1940, at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5th 1940, to April 28 1940, and that I last saw him alive on April 28th 1940.

Immediate cause of death: Lobar pneumonia of the lower left lobe — DURATION

Due to: ------

Due to: ------

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ------

Of autopsy: ------

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work? ------

23. SIGNATURE: Harold D. Stansbury M. D. or other

Address: Crownsville, Md. Date signed 4/28/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

03925

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 48 Hutton Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Wallace
3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband ~~or wife~~: Amos Wallace
6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): May 25, 1897

8. AGE: Years	Months	Days	If less than one day
43	10	25	hrs. min.

9. Birthplace: St Meichael Md.
(Town, county, and state)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: James Taylor
13. Birthplace: St Meichael
MOTHER 14. Maiden name: unknown
15. Birthplace: St Michael Md.
16. Informant: Josephine Hall
Address: 48 Hutton Place
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 17 1940 (month) (day) (year)
Cemetery or crematory: Mt Calvary
Location: On Ritchie Highway outside Balto.
18. Funeral director: Chas. H. Alexander
Address: 43, 45 Northumberland Annapolis
19. 4/16 1940. (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1940, at 8:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to April 15 1940 and that I last saw her alive on April 15 1940

Immediate cause of death	DURATION
Hypertension	Jan. 1940
Due to Arteriosclerotic-Cardio-Vascular disease	1934
Other conditions Chronic Interstitial Nephritis	Jan. 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Albert L. Anderson M. D. or other
Address: Annapolis, Md. Date signed 4/15/40

RECEIVED
MAY 4 1940
BUREAU V. F.

03926

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: A. A. Co. Registration Dist. No. 25

Village or City: Morris Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minervia Williams U. S. Veteran, specify WAR

(a) Residence: No. Morris Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Cold

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Williams

Day and month not known.

6. DATE OF BIRTH (month, day, and year): 1869

7. AGE: Years 71 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A. A. Co Md

FATHER

13. NAME: John Jackson

14. BIRTHPLACE (city or town) (State or country): A. A. Co Md

MOTHER

15. MAIDEN NAME: Alverta

16. BIRTHPLACE (city or town) (State or country): A. A. Co Md

17. INFORMANT (Address): Geo. W. Williams Morris Hill A.A. Co

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: May 1, 1940

19. UNDERTAKER (Address): James A. Hayes 142 W. Hill St

20. FILED: May 1, 1940 Ida M. Whitson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec-24-1939, to April-27, 1940

I last saw her alive on April-27, 1940; death is said to have occurred on the date stated above, at 2:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Valvula lesion of the heart.

Date of onset

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Coleman M. D.

(Address) 2039 McCulloh St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 1 1941 BUREAU V

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03927

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Sudley P. O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Sudley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Wood

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

8 (b) Name of husband or wife Florence E. Wood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1870

8. AGE:

Years	Months	Days	If less than one day
70	0	21	hrs. min.

9. Birthplace Sudley
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Franklin M Wood

13. Birthplace Md

MOTHER 14. Maiden name Mary Ellen Norris

15. Birthplace Churchton, Md

16. Informant Claude Wood

Address Sudley

17. Burial Date thereof 4 29 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Quaker Burial Ground

Location Galesville, Md.

18. Funeral director T. A. Hardesty & Son

Address Galesville, Md.

19. April 28 1940 D. B. Dent
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 5 57 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1940, to April 27 1940, and that I last saw him alive on April 27 1940.

Immediate cause of death	DURATION
Hypostatic Bronchopneumonia	
Due to chronic bronchitis	
Due to	
Other conditions hypotension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emily H. Wilson, M.D.
M. D. or other

Address Lothian, Md. Date signed 4/28/40

RECEIVED
MAY 8 1940
BUREAU V. S.